

Care for Children Plan

Contact Information Sheet

Father's Name: _____ Rank/Job Title: _____
SSN: _____ Unit/Company: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Emergency POC @ Work; Name: _____ Phone # : _____
Health Records Held @: _____ Phone #: _____

Mother's Name: _____ Rank/Job Title: _____
SSN: _____ Unit/Company: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Emergency POC @ Work; Name: _____ Phone # : _____
Health Records Held @: _____ Phone #: _____

Child (ren)'s Emergency Information

Child's Name	Age	Allergies	Special Needs	School/Day Care Name	Phone #
(1) _____					
Primary Physician: _____ Phone: _____					
(2) _____					
Primary Physician: _____ Phone: _____					
(3) _____					
Primary Physician: _____ Phone: _____					

(For more than three lovely children please use the back of this form)

(1st) Local Emergency Care Provider w/POA Y / N Location of POA _____
Name: _____ Phone: _____ Cell: _____
Relationship: _____ Address: _____

(2nd) Local Emergency Care Provider w/POA Y / N Location of POA _____
Name: _____ Phone: _____ Cell: _____
Relationship: _____ Address: _____

Long Term Emergency Care Provider w/POA Y / N Location of POA _____
Name: _____ Phone: _____ Cell: _____
Relationship: _____ Address: _____

Child (ren)'s Emergency Information (continued)

Child's Name	Age	Allergies	Special Needs	School/Day Care Name	Phone #
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(4) _____

Primary Physician: _____ Phone: _____

(5) _____

Primary Physician: _____ Phone: _____

(6) _____

Primary Physician: _____ Phone: _____

(7) _____

Primary Physician: _____ Phone: _____

(8) _____

Primary Physician: _____ Phone: _____

(Please attach a copy of this form to each Child Care Provider's Power of Attorney)